

Long Term Care Social Insurance Model Elements

	Hawaii	Germany	Japan
Eligibility criteria (e.g., level of disability and populations covered)	Benefit trigger was failure of 2 ADLs, with a 3 day waiting period	All ages. There are 15 normal, routine day-to-day activities which are measured for the assessment. People are grouped into three levels of care and have limitations in 2+ ADLs.	Age 40+. A computerized, standardized, 85-question assessment instrument is used to assign each applicant to one of six need levels.
Services/benefit covered	Includes home and institutional services.	Includes home care benefits, institutional care, and other benefits, such as for caregivers. Participants can also opt for a cash benefit instead of services.	Includes range of in home and institutional services. Housing excluded and institutional include \$300/month hotel costs.
Benefit levels and allocations	Cash value of \$90/ day for institutional or nursing home services, and \$65/ day for home or community care.	Three benefit levels based on severity of disability. Participants can opt for a cash benefit, which is 40-50% of the value of services. Monthly cash value is approximately \$250 - \$850 per month; Institutional value is approximately \$1,300 - \$1,800 per	Six care levels ranging from about \$500/month of services up to about \$3,000/month.
Mandatory/voluntary	Mandatory	Mandatory with opt out provision if individuals can demonstrate private coverage.	Mandatory
Portability	Those who move not obligated to pay in, but can choose to.	Within Germany no portability issues.	Within Japan no portability issues.
Residency/other requirements for program eligibility	"Vested" over 10 years, with 1/10 of the face benefit added for each year of participation; no benefits before third year and then at 30% of the face value. Same for lifetime residents and newcomers.	No waiting period; everyone insured immediately upon enrolling.	Anyone age 40+ can get benefits if they qualify: age 40-64 based on age-related disease; 65+ based on ADLs.

Long Term Care Social Insurance Model Elements

Funding mechanism and collection – age or other requirements, premium, salary...	\$10/ month income tax surcharge on every Hawaii tax filer over the poverty line, would increase 3.2% each year.	1.7% of a person's salary is divided equally between employees and employers (0.85% each), similar to the pension, health and unemployment insurance systems. To compensate employers, one paid holiday was eliminated to help offset the cost of the program.	Every citizen age 40+ contributes premiums, which are on a sliding scale basis according to income, averaging \$30/month for 65+. Employers contribute half of the amount. Half of the revenues come from taxes. Municipalities are the insurers and manage th
Cost-sharing/copays/elimination period	To the extent that the daily benefit level does not cover the cost of care	Co-payment rises with the care level.	10% copay for all services with a ceiling for those with low incomes with a catastrophic limit. Fixed premiums on a sliding scale based on income.
Incentives for continued family care supports	Cash benefit so a family can take the money and select package of support services.	Cash benefit of approximately \$250-\$850 per month (in 2004) depending on level of care needed. Also includes approximately \$1,800 per year for professional homecare for caregiver respite.	No cash benefit to cover family or other informal care.
Start-up costs/vesting	10 year vesting with 3 year minimum requirement.	Anyone with severe disabilities can get benefits, regardless of age.	Anyone age 65+ can get benefits
Wrap-around policies	Allowed and limited benefit could encourage.	Allowed, but majority opt for cash payment.	Little incentive for wrap-around with modest copay provisions.
Interaction with Medicaid/Safety Net	Continues intact.	N/A	N/A
Start Date	Legislature passed in 2002-2003, but Governor did not sign.	April 1, 1995	April 1, 2000